i	Substitute for Form PTO-875										Application or Docket Number			
	CLAIMS AS FILED - PART I										10 773,549		549	
`. I	· . FOR		(Column 1)		(Column 2)			SM.	ALL ENTITY		OR .	ОТІ	HER THAI	
	8ASIC FEE (37 CFR 1.16(a))		IUMBER FILED		NUMBER EXTRA		\Box	· RATE	FEI			SMA	LL ENTIT	
-	TOTAL CLAIMS (37 CFR 1.16(c))								5_		OR	RATE	· Ff	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 20 =		•		x s 25	=		OR OR	x s 50.	- S	
- 1		DENT CLAULED		vs 3 =				x 5 100)		OR	x s 200	-	
- 1	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5.180)		OR	£360	-	
- [If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		7	or Dr		+	
-	CLAIMS AS AMENDED - PA					RTII				`		TOTAL	L	
-	1.1	(Column 1)		(00	olumn 2) GHEST JMBER) (Column 3)	<u> </u>	SMALL RATE	ADDI- TIONAL FEE		OR	OTHE.	 R THAN	
	2 22 0	CLAIMS REMAINING AFTER	;	NU		PRESENT				ٔ ٦	٠. اـــ	SMALL	ENTITY	
	Total (31 CFR 1.16(c)) Independent (31 OFR 1.15(b))	AMENDMEN 15	T Minu	PAI	OUSL FOR					1.		RATE	ADO: TIONAL	
	Independent (3) OFR 1,16(6))	1	Minu	1 2	6			x s <u>25</u> =		OF	, -	<u>, 5</u> 0 _	FEE	
1. 4	3							x s_100=		OR		20Q		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ s 180=		OR		312		
L	(Column 1) (Column 2) (Column 2)									OR		TAL D'L FEE		
B	CLAIMS HIGHEST COlumn 3						ſ			_		יייני נ		
ENT		AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL			RATE	ADDI-	
AMENDMENT	Total (37 CFR L16(cl) Independent		Minus		On	= .	-	, 25 ₌	FEE		-		TIONAL FEE	
ME	(37 CFR 1.16(6))		Minus	•••		=	-	s 100 =		OR		50=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							180		OR		200_		
							TC	TAL O'L FEE		OR	TOT			
S	· ·	(Column 1) CLAIMS		(Colum		(Column 3)				OR	ADD.	L EEE		
ENT (REMAINING AFTER		HIGHE NUMBI PREVIOL	ER Í	PRESENT		RATE	ADDI-					
	Total (37 CFR 1.16(c))	AMENDMENT	Minus	PAID F	OR	<u>:</u> .		<u> </u>	TIONAL FEE		10	TE	ADDI- TIONAL	
AMENDM	Indépendent (31 CFR 1.16(6))		Minus	*** .		=	_	25 ₋		OR	x s 5	O_	FEE	
₹	TIMO PRESENTATION OF AUGUSTA									OR	x s 2	00		
			TOT	80 ₌		OR		0O_						
•	If the entry in colu If the "Highest Nur If the "Highest Nur The "Highest Nur	mn 1 is less than mber Previously I	the entry	in column : N THIS SO	2, write	"0" in column 3.	ADO	I EEE		OR	JODAL	FEE		
	If the Highest Num The Highest Num Illection of information	nhac Beard		** ******	MUE IS	less than 20 and	*3*.							

The 'Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time you require to complete this form and/or suggestions for reburing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.